

JCE75 U.S. PRO  
09/724319



|  |       |          |                      |
|--|-------|----------|----------------------|
|  |       | Subclass |                      |
|  | Class |          | ISSUE CLASSIFICATION |

PATENT NUMBER

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## **U.S. UTILITY Patent Application**

13

KW O.I.P.E.  
SCANNED Q.A.

**PATENT DATE**

|                              |                 |              |                 |                  |                     |
|------------------------------|-----------------|--------------|-----------------|------------------|---------------------|
| APPLICATION NO.<br>09/724319 | CONT/PRIOR<br>D | CLASS<br>424 | SUBCLASS<br>131 | ART UNIT<br>1647 | EXAMINER<br>NICHOLS |
|------------------------------|-----------------|--------------|-----------------|------------------|---------------------|

APPENDIX

Dale Schenk

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## Prevention and treatment of amyloidogenic disease

PTO-2040  
12/99

## **ISSUING CLASSIFICATION**

**Continued on Issue Slip Inside File Jacket**

|  |  |  |                    |                   |                                   |                             |
|--|--|--|--------------------|-------------------|-----------------------------------|-----------------------------|
| <input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>  |  | <b>DRAWINGS</b>  |                    |                   | <b>CLAIMS ALLOWED</b>             |                             |
|  |  | <b>Sheets Drwg.</b>  | <b>Figs. Drwg.</b> | <b>Print Fig.</b> | <b>Total Claims</b>               | <b>Print Claim for O.G.</b> |
| <input type="checkbox"/> The term of this patent<br>subsequent to _____ (date)<br>has been disclaimed.   |  |  |                    |                   | <b>NOTICE OF ALLOWANCE MAILED</b> |                             |
|  |  | <small>(Assistant Examiner)</small> _____<br><small>(Date)</small>         |                    |                   |                                   |                             |
| <input type="checkbox"/> The term of this patent shall<br>not extend beyond the expiration date<br>of U.S Patent No. _____<br><br><small>_____<br/>_____<br/>_____</small> |  |  |                    |                   |                                   |                             |
|  |  | <small>(Primary Examiner)</small> _____<br><small>(Date)</small>           |                    |                   | <b>ISSUE FEE</b>                  |                             |
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